



Office of Administration  
**GOVERNOR'S COUNCIL ON DISABILITY**

# Fourteenth Annual Inclusion Awards

## Nomination Information

The Inclusion Awards are presented annually to recognize businesses, individuals and organizations that have successfully included people with disabilities in education, employment, housing and leisure activities. Individuals are also encouraged to nominate state and local government divisions or employees that they feel truly excel in inclusive practices.

To enter a nomination, please include on a separate sheet of paper the category you are nominating the individual/group for, the name of the nominee, with complete address and telephone information, your response to the question for that category, two references and your contact information, with complete address and telephone information. You may also want to include examples of what the individual/group has done that demonstrates their inclusive practices. Please complete a separate sheet of paper for each category nominated. Nominations should be **250 words or less** and may be e-mailed to [gcd@mail.mo.gov](mailto:gcd@mail.mo.gov); faxed to us at 573-526-4109 or mailed to us at Inclusion Awards, Governor's Council on Disability, P. O. Box 1668, Jefferson City, MO 65109. The deadline for submitting a nomination is **October 14, 2005**.

Please note nominations received without the above mentioned information will automatically be disqualified. If you need assistance in completing this information, an alternate format or additional information, please contact our office at 1-800-877-8249 or 573-751-2600.

**Helpful Hints in Nominating:** Be specific and concise. Judges will be looking for exemplary examples of how inclusion has worked in your school and/or community. Simply holding disability awareness fairs or exposing people to community activities does not exemplify inclusion efforts, unless it is part of a broader strategy showing results.

**Please help us to promote our Fourteenth Annual Inclusion Awards by  
distributing this information to other interested parties. Thank you.**

## What is Inclusion?

- A philosophy, not a policy
- A place where EVERYONE belongs
- A place where EVERYONE is accepted
- A place where EVERYONE supports and is supported by their peers and other members of the community
- When EVERYONE, with or without disabilities, are included on an equal basis

## Principles of Inclusion:

- Educating all persons with disabilities in their neighborhood schools with students who do not have disabilities
- Providing appropriate services and supports within the community, regardless of their complexity
- Receiving job training in regular community settings instead of simulated settings
- Encouraging interactions between persons with disabilities and persons without disabilities
- Understanding and acceptance of individual differences
- Participation in community life

## Award Categories

Listed below are the award categories for this year's Inclusion Awards. Under each award category is a description of what the judges will be looking for in the judging process. Please complete a separate sheet of paper for each nominee (unless it is a group nomination) and for each category. On each nomination please include at the top of the page the category you are nominating the individual/group for, the name of the nominee, with complete address and telephone information, your response to the question for that category, two references, your contact information, with complete address and telephone information and be sure to include examples.

### ✓ **Employer of the Year**

Two Categories

- Small Employer (100 or less employees)
- Large Employer (101 or more employees)

- Demonstrates an outstanding commitment in providing broad range of employment opportunities to individuals with disabilities.

### ✓ **Educator of the Year**

- School personnel who embrace and embody the principles of inclusion, achieve excellence in their professional practice and provide leadership for other educators.
- Promotes the use of best practices such as: collaboration, Making Action Plans (MAPS) and Circle of Friends, adapting and modifying the curriculum, people first language, ability awareness, accessibility and inclusion in extra-curricular activities.
- All students with disabilities are included in general education classrooms.

### ✓ **Bob Aldridge Advocate of the Year**

- Advocates for equal participation in all aspects of community life for people with disabilities.
- Advocacy efforts have had a positive impact on increasing inclusion.
- Effectively collaborates with agencies/groups regarding inclusive practices that affect all persons with disabilities.

### ✓ **Excellence in Universal Design and Technology Award**

- Created or incorporated a unique/innovative design that is universally accessible by all people.
- Universal Design may include: technology, architecture, graphics, furniture, products, services, playground equipment, etc.

# Fourteenth Annual Inclusion Awards Nomination Form

Office of Administration  
**GOVERNOR'S COUNCIL ON DISABILITY**

301 West High Street, Suite 250-A    P. O. Box 1668    Jefferson City, MO 65102-1668  
Phone (573) 751-2600    (800) 877-8249    Fax (573) 526-4109

E-mail: [gcd@mail.mo.gov](mailto:gcd@mail.mo.gov)  
Website: [www.gcd.oa.mo.gov](http://www.gcd.oa.mo.gov)

Please print or type the following information. Please limit your nomination to 250 words. **Please do not send newspaper clippings, books published, etc.** If additional information is needed a judge will contact you directly. Please be as specific in the information requested as possible, incomplete nominations will automatically be disqualified. References will be contacted, so please provide us with telephone or e-mail information for them. Deadline for submitting nominations is **October 14, 2005**.

If you have questions, please contact our office at 1-800-877-8249 or 573-751-2600 or by email at [gcd@mail.mo.gov](mailto:gcd@mail.mo.gov). If you need this information in an accessible format, please contact our office. Help us to promote the Fourteenth Annual Inclusion Awards by passing this information on to others who are interested in inclusion for everyone. Thank you.

## Category Nominated for:

Employer of the Year  
Small Employer  
Large Employer  
Educator of the Year

Bob Aldridge Advocate of the Year  
Excellence in Universal Design and  
Technology Award

## Nominee Information:

Please include the following for your nominee(s):

Name of Nominee  
Organization Nominee represents (if any)  
Address, City, State and Zip of Nominee  
Telephone number where the Nominee may be reached  
E-mail address for the Nominee

**Nomination Questions:** (answer only the question that pertains to the area you are nominating the nominee for) (limit your response to 250 words)

- Employer of the Year  
Describe **how** this employer has demonstrated an **outstanding** commitment to inclusion. (give examples)
- Educator of the Year  
Describe **how** this educator **promotes and implements** the use of best inclusive practices in their setting. (give examples)
- Bob Aldridge Advocate of the Year  
Describe **how** this person advocates for equal participation in **all** aspects of community life. (give examples)
- Excellence in Universal Design and Technology Award  
Describe **how** this person or organization is **incorporating** aspects of universal design and/or technology in their community. (give examples)

## **Nomination Submitted By:**

Please include the following information about who is submitting this nomination:

Name of Nominator  
Organization Nominator represents (if any)  
Nominator's Address, City, State and Zip  
Nominator's telephone number  
Nominator's e-mail address

## **Verification:**

Please provide **two references** to verify the scope and extent of the nominee's activities. References should be familiar with the nominee's achievements, but not a family member or relative of the nominee. The nominator does not count as a reference. Please provide the following information on both references.

Reference Name  
Organization  
Address  
City/State/Zip  
Phone  
E-Mail Address

**Please feel free to distribute this nomination form to others in your organization and to family and friends.**

**All questions on the nomination form must be complete or the nomination will be disqualified.  
Please use a separate sheet of paper to provide the information.**



**GOVERNOR'S COUNCIL ON DISABILITY**  
301 West High Street, Suite 250-A  
P. O. Box 1668  
Jefferson City, MO 65102-1668

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**RETURN SERVICE REQUESTED**

**Deadline for submitting nominations is October 14, 2005!**

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